

Please fill out one match waiver request per subgrant.

Date of Request:	
Subgrantee Name:	
Subgrant Number:	
Grant Program Match Waiver Being Requested for:	<input type="checkbox"/> VOCA <input type="checkbox"/> STOP
Project Period Associated with Waiver:	
Grant Award Amount:	
Amount of Match Required Before Waiver:	
Amount of New Match Requested:	
Amount of Match Provided Prior Year:	

Scope of Waiver Requested---Please answer following 6 questions:

<p>1. How is the grant currently being matched?</p>
<p>2. What extenuating circumstances exist that impede the organization's ability to partially or fully match the grants funds requested?</p>

3. Has the organization considered all possible options for meeting the match with in-kind and cash sources that are not being used as match on another federal grant?

4. What steps does the organization plan to take in order to be able to meet the match requirement in the future?

5. If a match waiver is approved, does the organization anticipate this is a one-time request or are there extenuating circumstances that will require a waiver request next year?

6. How would the denial of a match waiver impact the project?